

Mentor Advocate Program

Mentor Application Form



FOOD & CARE
COALITION

PERSONAL INFORMATION

Date of Application	_____
Name	_____
Street Address	_____
	Address City State Zip
Home Telephone Number	_____
Work Telephone Number	_____
Other Telephone Number (please specify)	_____
Date of Birth	_____
Social Security Number	_____
Driver's License Number/State	_____

EMPLOYMENT INFORMATION

Occupation	_____
Employer	_____
Employer Address	_____
Length of Employment	_____

EDUCATION INFORMATION

High School Completion Level (grade level)	_____
College Completion	_____
Major while in college	_____
Degree Earned	_____
Are you currently a student?	_____ Yes _____ No
If so, which university or college are you attending?	_____
Current Major	_____

AVAILABILITY

What days of the week and hours are you available to work with client (s)?	_____

Best time to contact you for an interview	_____

REFERENCES

Please list three references who have known you for at least one year (employers, professors, friends, etc. No relatives please). Please list complete addresses (street, city, state, zip code), and phone numbers.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

BACKGROUND CHECK AUTHORIZATION

I agree to submit to a background check with the appropriate public authorities.

Signature Date

COMMITMENT AGREEMENT

I agree to be involved in the Mentor Advocate Program for at least six months. I also agree to spend at least three to five hours per week working with my assigned client in a supportive “friendship” role.

Signature Date

VOLUNTEER AGREEMENT

I, _____, will conscientiously do my best to serve my assigned patron as a representative of the Food and Care Coalition of Utah Valley and the Mentor Advocate Program. I agree to provide services to my assigned patron as authorized, and to abide by the laws, rules, regulations, policies, and procedures of the MAP Program.

I understand that there are rules, regulations, and laws regarding privacy and security. I will keep confidential any information, records, files, papers, and or communications to which I gain in the course of my mentor duties. I will not disclose any information except to those authorized by the Food and Care Coalition of Utah Valley.

I will never do anything to compromise the trust placed in me by my assigned patron. I will never use my role as a mentor improperly for personal gain or advantage. I will respect the personal, religious, and political views of my assigned patron. I will treat all people with whom I have contact with dignity and respect.

Signature Date

An interview will be scheduled after application is received.
Please return application by mail, in person, or fax application to (801) 370-0479

Food & Care Coalition
Attn: Jack Robinson
60 N 300 W
Provo, UT. 84601